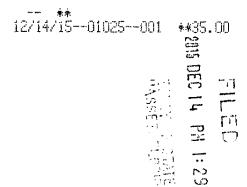
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| (Re | equestor's Name) | | | | |
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| (Ad | ldress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nam | e) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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COVER LETTER

TO: Amendment Section

| Division of Corporations | | | |
|---|--|--|--|
| NAME OF CORPORATION: Ploitels Physicians Associates DOCUMENT NUMBER: 15000 45754 | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Sam OPIA valo Name of Contact Person Florials Physicians Associates Firm/ Company 23 Blandry Blyde Address City/ State and Zip Code Proposition of State and Lip Code E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Name of Contact Person at (904) 273 43 39 Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | |
| \$35 Filing Fee Certificate of Status Status | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

Articles of Amendment

to

| Articles | of | Incor | pora | tion |
|----------|----|-------|------|------|
|----------|----|-------|------|------|

| Florida Physicians Associates P.A. |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| P 150000 45754 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ORA War Pork, Pl 32073 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. (Ange Paik, Fl 3207) |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent 23 Blanding Bluch (Florida street address) |
| New Registered Office Address: ORAWE PAIK, Florida 32073 (City), Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|--------------------------------|---|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1)Change | <u>P.</u> | Json ORI Audo | 273 Blanding Blod OPAnge PAIK,FC |
| Add | | 904-272-4329 | • |
| Remove | | | 32673 |
| 2) Change | 5 | MD, Tha Tellez 904-272-4329 | 223 Blanding Bluch ORAnge Park, FL 32073 |
| Add | | 904-412-1321 | OKANGE PAIK /FL SJOB |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Perrove | | | |

| | ng additional Articets, if necessary). | (Be specific) | | | |
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| | ovides for an exch | ange, reclassificat | tion, or cancellatio | n of issued shares, | |
| f an amendment pr | ementing the amer | ndment if not cont | tained in the amen | dment itself: | |
| f an amendment pr provisions for impl | 7 . 2 37(4) | | | | |
| f an amendment pr provisions for impl (if not applicab | le, indicate N/A) | | | | |
| f an amendment pr provisions for impl (if not applicab | le, indicate N/A) | | | | |
| f an amendment pr provisions for impl (if not applicab | le, indicate N/A) | | | - | |
| f an amendment pr provisions for impl (if not applicab | le, indicate N/A) | | | | |
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| f an amendment pr provisions for impl (if not applicab | le, indicate N/A) | | | | |
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| f an amendment pr provisions for impl (if not applicab | le, indicate N/A) | | | | |

| The date of Each amendment(s) adoption: | , if other than the |
|--|-----------------------------|
| date this document was signed. | |
| Effective date <u>if applicable</u> : | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | e will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | nt . |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 12-10-15 | |
| Signature Skerb | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| Jason ORlando | |
| (Typed or printed name of person signing) | |
| President. | |

(Title of person signing)